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CORRESPONDENCE ADDRESS
INDICATION FORM**

Patent Number	6,797,475
Issue Date	September 28, 2004
First Named Inventor	Glenn BARNES
Title	DETECTION OF POLYMORPHISMS IN THE HUMAN 5-LIPOXYGENASE GENE
Art Unit	1637
Examiner Name	C. B. Wilder
Attorney Docket No.	117742-02101

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 86738

OR

Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Maria Laccotripe Zacharakis, Ph.D., J.D. McCARTER & ENGLISH, LLP
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Address 265 Franklin Street

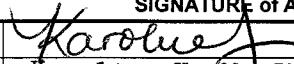
City Boston	State MA	Zip 02110
Country US	Telephone 617-449-6500	Email mzacharakis@mccarter.com

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 	Date August 10 , 2009
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Name Karoline K. (M.) Shair	Telephone 617-444-3227
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Title and Company Senior Patent Counsel, Millennium Pharmaceuticals, Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

I hereby certify that this paper (along with any paper related to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with §1.6(a)(4).

Dated: September 2, 2009Signature: /MBC/
(Marcie B. Clarke, Ph.D.)